

WMIP Mental Health Subcommittee Meeting Notes

September 2, 2004

Attending: Peggy Wanta, Molina; Laurel Lee, Molina; Carol Kosturn, Compass Health; Barb McFadden, Compass Health; Preston Hess, Snohomish County Human Services Department (SCHSD); Cathy Cochran, DSHS; Chris Imhoff, DSHS, Mental Health Division; Nancy Jones, SCHSD; Dierdra Ridgeway, North Sound Mental Health Administration (NSMHA); Marie Jubee, NSMHA; Chuck Benjamin, NSMHA.; Susan Ramaglia, NAMI Skagit; Brett Lawton, DSHS MAA

The meeting started with a brief discussions regarding when MH will be incorporated in WMIP. Chris stated that DSHS prefers to integrate MH and long term care at the same time to reduce confusion for enrollees and providers. No firm date has been established though it is not likely to happen before July 2005. If, for any reason, long term care integration is projected to occur significantly later than July 2005, the department will consider adding MH first.

WMIP Coordination Issues: Crisis services

The WMIP proposal is for mental health services to move inpatient and outpatient services to the WMIP contractor for WMIP enrollees with the exception of CDMHP and crisis line services. The group sorted out what is meant by crisis services and how this would play out in a crisis.

What is meant by Crisis Services?

Services	Provider
24/7 Crisis Line services – may connect to CDMHP, Emergency Services or address the crisis without immediate referral.	Volunteers of America (VOA) for all 5 NSMHA counties
Involuntary Treatment Act Services	Snohomish Co. for Sno. Co.
Voluntary Hospital Services	Compass Health
Evaluation & Treatment Centers	Compass Health
Emergency Services	Compass Health
Emergency Services Consists of:	
Take care of clients currently in service (during work day)	Compass Health
Integrated Crisis Response (after Hrs.)	Compass Health
Next Day Appointments	Compass Health
Crisis Beds (there are 16 beds @ Bailey Center) hospital diversion/transition; staffed 24/7	Compass Health
Stabilization Aides (additional support used after initial stabilization)	Compass Health
Others Involved in Crisis	
Law enforcement	<coordinates with all>
Emergency Departments – local hospitals	<coordinates with all>

The group discussed whether there is a way to separate out the first crisis contact from ongoing crisis management. This would be one way to determine what stays with the NSMHA and what goes to the WMIP contractor. Chris will check to see if the coding for services supports this separation.

Concern was expressed that the WMIP MCO might introduce pre-authorization for needed services. Chris and Molina reps. clarified that emergency and CDMHP services will not require pre-authorization.

Evaluation and Treatment Centers (E&Ts) were identified as an area that will require further discussion. E&Ts are considered outpatient service and funding comes out of PMPM for outpatient services. CDMHPs see E&Ts as an essential resource.

Committee members requested data about churning rates for SSI eligibles. Chris will see what is available.

There was follow-up from the last meeting on Access to Care Standards – how do they work with WMIP and RSN? Chris confirmed that the Access to Care Standards are part of the MH waiver and will not be applicable for WMIP once MH is phased in.

Next Meeting: Oct. 7 – 1:30 to 3 – SCHSD W. conference Rm. 2nd Floor

- Coordination points January 1- Interim coordination
 - Referral process
 - Pharmacy
 - Credentialing
 - Crisis plans
- Western State hospital beds

Future agenda:

- Dual eligible clients discussion